

INFANT, CHILD AND ADOLESCENT HEALTH ASSESSMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1994						
PRINCIPAL PURPOSE: Information is used by DA personnel to: (1) verify child health status of immunization per admission requirements; (2) note special program considerations or restriction on child participation; (3) execute emergency medical procedures for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program. ROUTINE USES: No information is disclosed outside DOD. DISCLOSURE: Information is voluntary; however, if information is not provided, individuals may not be able to participate in community activities.						
NAME OF SPONSOR		DEROS	TELEPHONE (HOME)		TELEPHONE (DUTY)	
SPONSOR UNIT ADDRESS		SPONSOR SSN		SPOUSE'S WORK PHONE		
CHILD HEALTH INFORMATION (SPONSOR)						
NAME OF CHILD		BIRTH DATE			SEX	
HAS YOUR CHILD BEEN UNDER THE SUPERVISION OF A PHYSICIAN? (IF YES EXPLAIN CIRCUMSTANCES AND CURRENT STATUS)						
IS CHILD ENROLLED IN EXCEPTIONAL FAMILY MEMBER PROGRAM NO / YES LAST UPDATE:						
IMMUNIZATIONS						
	DATE	DATE	DATE	DATE	DATE	DATE
DTP/DTaP						TD
HIB						PPD
POLIO						
HEP B				INFLUENZA		
MMR			HEP A			
VARICELLA			OTHER			
MEDICAL HISTORY						
	YES		NO			
1. ANY HOSPITALIZATION OR OPERATIONS					14. HEAT STROKE OR EXHAUSTION	
2. ALLERGIES TO MEDICINE OR INSECT BITES					15. BROKEN BONES OR SPRAINS	
3. SPEECH OR DEVELOPMENTAL DELAYS					16. JOINT INJURIES (ANKLE / KNEE / WRIST)	
4. VISION PROBLEMS (GLASSES / CONTACTS?)					17. REQUIRED RESTRICTED PHYSICAL ACTIVITY	
5. EAR OR HEARING PROBLEMS					18. FAMILY HISTORY OF DEATH LESS THAN AGE 40	
6. SEIZURES OR CONVULSIONS					19. FAMILY HX OF HEART DISEASE/STROKE < AGE 55	
7. DIZZINESS OR FAINTING WITH EXERCISE					20. FAMILY HX OF HIGH CHOLESTEROL	
8. HEADACHES					21. FAMILY HX OF CANCER	
9. HEAD INJURY OR LOSS OF CONSCIOUSNESS					22. DENTAL OR ORTHODONTIC BRACES	
10. NECK OR BACK INJURY					23. CHICKEN POX (IF YES, DATE:)	
11. ASTHMA OR DIFFICULTY BREATHING					24. ROUTINE OR DAILY MEDICATIONS (LIST BELOW)	
12. HEART OR BLOOD PRESSURE PROBLEMS					25. FEMALES: AGE OF FIRST PERIOD:	
13. CHEST PAIN WITH EXERCISE					26. OTHER PROBLEMS (LIST BELOW):	
IF YOU ANSWER <u>YES</u> TO ANY OF THE ABOVE, PLEASE EXPLAIN:						
I GIVE PERMISSION FOR MY CHILD TO HAVE THE FOLLOWING DONE:						YES
1. RECEIVE A PPD (SKIN TEST FOR TUBERCULOSIS)						NO
2. RECEIVE ANY IMMUNIZATION(S) NECESSARY						
3. RECEIVE A HEALTH SCREEN EXAMINATION FOR SPORTS/SCHOOL/SCOUTS/CDS/OTHER						
4. RECEIVE EMERGENCY MEDICAL CARE DURING SCHOOL OR ORGANIZATIONAL ACTIVITIES INCLUDING CDS						
TYPED OR PRINTED NAME OF PARENT OR GUARDIAN				SIGNATURE OF PARENT OR GUARDIAN		

MEDICAL STAFF ASSESSMENT (FILLED OUT BY PHYSICIAN ONLY)

AGE:	YRS	MOS	HEIGHT: cm.(%ile)	WEIGHT: kgs.(%ile)	BP: /	P
			HEIGHT: in.	WEIGHT: lbs.		
VISUAL ACUITY: RIGHT /LEFT			/TESTED WITH / WITHOUT LENSES		NORMAL	ABNORMAL
			NORMAL	ABNORMAL	N/A	COMMENTS
1. EYES						
2. EARS, NOSE & THROAT						
3. HEARING						
4. MOUTH AND TEETH						
5. NECK (SOFT TISSUES)						
6. CARDIOVASCULAR						
7. CHEST AND LUNGS						
8. ABDOMEN						
9. GENITALIA - HERNIA						
10. SKIN AND LYMPHATICS						
11. NECK						
12. SPINE - SCOLIOSIS						
13. EXTREMITES						
14. NEUROLOGICAL						
15. SEXUAL MATURITY RATING: BREASTS> PUBIC HAIR> MALE GENITAL> FEMALE GENITAL>						

BASED ON THIS HX & PX EXAM, THE FOLLOWING ABNORMALITIES WERE FOUND AND MAY NEED TREATMENT:

ANTICIPATORY GUIDANCE (CHECK ITEMS DISCUSSED)

NUTRITION	DENTAL CARE	HEADSS	
AGE APPROPRIATE SAFETY	BEHAVIOR		
DEVELOPMENT	RISK FACTORS		

PARTICIPATION RECOMMENDATIONS

<input type="checkbox"/> NORMAL SCHOOL ACTIVITIES INCLUDING PE	<input type="checkbox"/> CONTACT SPORTS
<input type="checkbox"/> CHILD DEVELOPMENT / YOUTH SERVICES	<input type="checkbox"/> NON-CONTACT SPORTS
<input type="checkbox"/> COLLISION SPORTS	<input type="checkbox"/> SCOUTS

THIS STUDENT HAS HEALTH PROBLEMS WHICH WOULD PROHIBIT HIM OR HER FROM PARTICIPATING IN COMPETITIVE ATHLETICS:

☐ NO

☐ YES

THE FOLLOWING HEALTH PROBLEMS SHOULD BE EVALUATED OR TREATED PRIOR TO PARTICIPATING IN COMPETITIVE SPORTS:

THIS DOCUMENT IS VALID FOR 1 YEAR FROM DATE INDICATED BELOW

DATE	PHYSICIAN STAMP	PHYSICIAN SIGNATURE
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SPECIAL NEEDS/CHILD PLACEMENT QUESTIONNAIRE

Welcome to USAREUR Child/Youth Services programs! If your child should have a special need, prior knowledge will allow us to make appropriate adjustments to our program and provide training to the staff before your child's first day.

Child's Name: _____ Date of Birth: _____

Center/Program: _____ Today's Date: _____

1. Does your child have any of the following conditions?	YES	NO	YES	NO
Developmental delays, explain:			Asthma/Respiratory Problems	
Visual Problems/Blindness (Do not check this box if your child only wears glasses)			Speech/Language Delays	
Hearing Problems (Check this box if your child has had Tubes placed) Explain:			Allergic Reactions Explain:	
Physical Disability. Explain:			Behavioral/Conduct Concerns	
Sickle-Cell Disease (Do not check this box if your child Has only Sickle Cell Trait)			Heart Problems (Do not mark this box if your child has a functional or innocent heart murmur)	
Kidney Problems. Explain:			Diabetes	
Epilepsy/Seizures			Attention Deficit/Hyperactivity (ADHD/ADD)	
Autism/PDD			Other(s) Please Specify:	

2. Is your child taking medication for his/her condition, if so please specify: _____

3. Is your child receiving any services from EDIS (formally EFMD) Early Intervention, CAPS or Pediatric Behavioral Medicine?
 ___ Yes ___ No If yes, which agency and please explain: _____
 ___ Yes ___ No Is your child on an IEP or an IFSP? _____

4. Is your child enrolled in a DODDS Developmental Preschool? ___ Yes ___ No If yes please explain: _____

5. Is your child enrolled in an Exceptional Family Member Program (EFMP)? ___ Yes ___ No If yes please explain: _____

SIGNATURE OF PARENT/SPONSOR/GUARDIAN

HOME & DUTY PHONE

PRINT NAME (state rank if applicable)

For PRIVACY ACT STATEMENT see DA Form 4719-R, July 1989.

(OFFICE USE ONLY)

Date received: _____

History of Special Need/Medical Condition: _____

Telephone contact date & time _____

Recommendation: a. Admit/No Significant
modifications needed

b. Admit w/Care Plan
Training date _____

c. Hold & schedule SNRT
Date/Time _____

CYSD/CH NURSE Date Yes/No

SPECIAL NEEDS DIRECTOR Date Yes/No

CYSD CHIEF Date Yes/No

Copy to CYSD ☐ Copy to EFMP ☐ Copy to CHN ☐ SPS - Log entry ☐ SPS - W/L, place in child's file ☐

APPLICATION FOR USAREUR CHILD AND YOUTH SERVICES FEES

(USAREUR Reg 608-10)

Data Required by the Privacy Act of 1974

Authority: PL 101.189 Section 1504; E.O. 9397.

Principal purpose(s): Information used to determine fees for eligible families desiring to enroll their children in the child and youth services (CYS) program.

Routine uses: Information provided may be released in accordance with the Army's blanket routine uses listed in AR 340-21.

Mandatory or voluntary disclosure and effect on individuals not providing information: Voluntary; however, failure to provide information will result in placement in the highest fee range.

1. Name of parent or guardian				2. Signature	
Section I - Children					
3. Name (Last, first, MI)		4. DOB (MM/DD/YY)		5. Age	6. Care requested
Section II - Annual Family Income					
1. Name of sponsor		2. Grade/step		7. Name of spouse	
3. SSN	4. Duty phone number	5. Years mil/civ service	9. SSN	10. Duty phone number	11. Years mil/civ service
6. a. Base pay (most recent leave and earning statement) \$ _____ /year			12. a. Base pay (most recent leave and earning statement) \$ _____ /year		
b. Basic allowance for housing (or in-kind equivalent) \$ _____ /year			b. Basic allowance for housing (or in-kind equivalent) \$ _____ /year		
c. Basic subsistence allowance (or in-kind equivalent) \$ _____ /year			c. Basic subsistence allowance (or in-kind equivalent) \$ _____ /year		
d. Other earned income as described in Sec II \$ _____ /year			d. Other earned income as described in Sec II \$ _____ /year		
e. Total \$ _____ /year			e. Total \$ _____ /year		
13. Joint income (sponsor and spouse) \$ _____ /year			14. Total for both (sponsor and spouse) \$ _____ /year		
15. PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING: (Required for Category I - V). I certify that all of the above information is true and correct and that all family income of the sponsor and spouse is reported. I understand that this information is being given in order to determine child and youth services fees to be paid and that Federal funds are used to subsidize the cost of childcare. I also understand that the installation commander may verify the information on the application and that deliberate misrepresentation of this information may subject me to prosecution under applicable and Federal laws (e.g., 18 U.S.C. 1001). NOTE: If signature is missing, the fees will automatically be placed at the highest level.					
a. Signature of sponsor or spouse		b. Date		c. Military address	
Section III - For Central Registration Use Only					
1. Approved category		2. Name of CYS official			3. Date
4. Authorized fee:		a. Full-day		b. Part-day/preschool	
c. School-age care		d. Additional children			
e. Sport		f. Instructional class		5. Program location	

Instructions

1. Name of parent or guardian

To determine child-development center, family childcare, school-age services, and youth services fees for your child(ren), or any child(ren) you legally claim as your family member(s), you must complete, sign, and return this form to the Central Registration. Fees will be determined based on your total family income (TFI) as defined below.

2. Signature

Signature of parent or guardian.

Section I - Children

3. Name

Enter the name of each child for whom center-based childcare will be provided (as applicable). List children in order of age with oldest child first.

4. and 5. DOB and age of children

Enter the date of birth and age of each child listed in item 3 (as applicable).

6. Care requested

Enter the primary childcare service to be provided for each child listed in item 3 (for example, full-day, part-day preschool, school-age care).

Section II - Annual Family Income

Total family income (TFI) includes all military and civilian earned income by both spouses. Eligible military members, civilian employees, and spouses will complete the Application for USAREUR Child and Youth Services (CYS) fees to determine total family income category for those desiring enrollment of their child(ren) in USAREUR child and youth services. Applications must be verified upon publication of each USAREUR fee policy. Use of the application for USAREUR child and youth services (CYS) fees is mandatory for all patrons requesting placement in fee categories other than the highest category. This form may be reproduced at the local level. Failure to provide required information will result in placement in the highest fee category.

This includes all military and civilian earned income of sponsor and spouse. Enter your annual income data as requested (for example, multiply the most recent monthly income by 12 or, if paid on a biweekly income, multiply the most recent biweekly income by 26). For the purpose of determining childcare fees in DOD CYS and SAS programs, TFI is defined as all earned income including wages, salaries, tips, long-term disability benefits, and voluntary salary deferrals, retirement, or other pension income, before deductions for taxes, and social security. Include quarters, subsistence, and other allowances appropriate for the rank and status if military or civilian personnel whether received in cash or in-kind. Include anything else of value, even if not taxable, that was received for providing service.

DO NOT INCLUDE combat-zone pay, hostile fire/imminent danger pay, family separation pay, cost of living allowance (COLA) received in high-cost areas, alimony and child support, temporary duty allowances, or reimbursements for educational expenses.

Calculate the gross annual income as specified below.

1. Name of sponsor

Enter the name of the sponsor (Last, first, middle initial (MI) of the ranking military or civilian member).

2. Grade/step

Enter sponsor's military or civilian grade/step.

3. SSN

Enter social security number of the military or civilian employee sponsor.

4. Duty phone number

Enter the sponsor's duty telephone number.

5. Years mil/civ service

Enter how many years served in the military or civilian service as of today.

6. a. Base pay

Enter the annual base pay of the sponsor. Use the most current leave-and-earning statement (LES). Multiply base income (before taxes or deductions) by 12 pay periods or biweekly income by 26 pay periods.

b. Basic allowance for housing

Enter the annual basic allowances for housing (BAH) or civilian living quarters allowances (LQA). Military and civilian sponsors who do not receive a quarters allowance because they live in Government housing must use standard BAH/LQA charts to determine in-kind amount for this service.

c. Basic subsistence allowance

Enter the annual basic subsistence allowance (or in-kind equivalent)

d. Other earned income

Enter all other income to include wages, tips, long-term disability benefits, voluntary-service deferrals, and retirement or pension income.

DO NOT INCLUDE income received from alimony and child support, cost of living allowance (COLA), civilian post allowance (PA), reimbursements for temporary duty (TDY), or reimbursements for educational expenses.

e. Self-explanatory

7. through 12. Spouse

Enter the same information for spouse as in items 1 through 6 for the sponsor.

13. Joint income

Enter any joint income. Include anything else of value, even if not taxable, that was received for providing services.

14. Total for both

Enter total for both sponsor and spouse (6e, 12e, and 13)

15. Signature of sponsor or spouse

Ensure all applicants read this section carefully. The signature below means all applicants understand the penalty for providing false information or deleting earned income that should be included to determine the family fee category.

a. Applicant (either sponsor or spouse) must sign full name.

b. Enter the date the application was signed and submitted to the CYS Central Registration Office.

c. Enter the sponsor's unit address.

Section III - For Central Registration Use Only

1. Enter the fee category of the family based on the information provided in section II above.

2. Enter the name of the child-development program official approving the fee category.

3. Enter the date of the fee category approval.

4. a through f. Enter the authorized fees for the family (by child).

5. Enter the program location where child(ren) is/are served (for example, Hohenfels CDC - Bldg 111).